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DAT		PLICATION	First	Inventor or Applic	ation Identifier	Shlomo BEN-HAIM
			Title	FLEC	TRICAL MUSC	LE CONTROLLER
		MITTAL oplications under 37 C.F.,	<u> </u>	ess Mail Label No		432143236US
		N ELEMENTS rning utility patent applica	ation contents.	ADDRES	SS TO: Box Pater	Commissioner for Patents at Application on, DC 20231
		Form (e.g., PTO/SI		5. Mic		rogram (Appendix)
2. X Spe	ecification eferred arrangen	and a duplicate for fee p [Total Potent set forth below)		(if applica	ble, all necessary)	d Sequence Submission
	•	of the Invention	4:	a	Computer Read	Dable Copy
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		icrofiche Appendix		с.	Statement verif	ying identity of above copies
	ackground of t			ACC	OMPANYING A	PPLICATION PARTS
		of the Invention n of the Drawings (<i>if t</i>	ïled)	7. Ass	ignment Papers (c	over sheet & document(s))
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183	awing(s) <i>(35 U.</i> Declaration	.S.C. 113) [Total Sh [Total P.		l —	tement (IDS)/PTO- liminary Amendme	w/conv of priority application
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b. 🚺	,,	n a prior application (uation/divisional with Box DELETION OF INVENTO		(d)) 13. Stat	mall Entity s	tatement filed in prior application, tatus still proper and desired
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		entor(s) named in the e 37 C.F.R, §§ 1.63(d		15. X Oth	oreign priority is cla er: Copv of It	nt'l Preliminary
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	_	~ —				in a preliminary amendment:
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For CONTINU	ATION or DIVIS	SIONAL APPS only: The	entire disc'esure		ation, from which an	oath or declaration is supplied
						tion and is hereby incorporated by submitted application parts.
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		- Innati	***************************************	/illiam H. Dippe		
Name						
4.11	Cowan, Liebowitz & Latman, P.C. 1133 Avenue of the Americas					
Address						
City		New York	State	NY	Zip Code	10036-6799
Country		USA	Telephone	(212) 79	0-9200 Fax	(212) 575-0671
Name (P	Print/Type)	William H	. Dippert	Registration	on No. (Attorney/Agent)	26,723

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Date

October 23, 2001

Signature

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PTO/SB/17 (12/99)

	Application Number to be assigned	
FEE TRANSMITTAL	Complete if Known	
	espond to a collection of information unless it displays a valid OMB control number	
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TOTAL AMOUNT OF PAYMENT (\$) 1196.00

Complete if Known			
to be assigned			
to be assigned			
Shlomo BEN-HAIM			
C.H. Layno			
3762			
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METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)				
1. The Commissioner is hereby authorized to charge	3. ADDITIONAL FEES				
indicated fees and credit any overpayments to:	Large Entity Small Entity				
Deposit Account 03-3415	Code (\$) Code (\$)	Fee Description Fee Paid			
Number 03-3413	105 130 205 65 Surch	harge - late filing fee or oath			
Deposit		harge - late provisional filing fee or			
Account Cowan, Liebowitz & Latman					
		English specification			
Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17		iling a request for reexamination			
2. Payment Enclosed:		uesting publication of SIR prior to niner action			
Check Money Other	113 1,840* 113 1,840* Requ Exam	uesting publication of SIR after niner action			
FEE CALCULATION	115 110 215 55 Exten	nsion for reply within first month			
1. BASIC FILING FEE	116 380 216 190 Exten	nsion for reply within second month			
Large Entity Small Entity	117 870 217 435 Exten	nsion for reply within third month			
Fee Fee Fee Fee Description	118 1,360 218 680 Exten	nsion for reply within fourth month			
101 600 201 24E Hillip Elica for	128 1,850 228 925 Exten	nsion for reply within fifth month			
106 310 206 155 Design filing fee	119 300 219 150 Notice	ce of Appeal			
107 480 207 240 Plant filing fee	120 300 220 130 -	g a brief in support of an appeal			
108 690 208 345 Reissue filing fee	200 EE. 100	uest for oral hearing			
114 150 214 75 Provisional filing fee	100 1,010 100 1,010	ion to institute a public use proceeding			
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SUBTOTAL (1) (\$) 740.00	141 1,210 241 000	ion to revive - unintentional			
2. EXTRA CLAIM FEES Fee from		y issue fee (or reissue)			
Extra Claims below Fee Paid		gn issue fee			
Total Claims 10 -20** = 0 X = -0-	000 211 200	tissue fee			
Claims		ons to the Commissioner			
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**or number previously paid, if greater; For Reissues, see below Large Entity Small Entity		nission of Information Disclosure Stmt			
Fee Fee Fee Fee Description		ording each patent assignment per			
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	440 000 040 045	erty (times number of properties) g a submission after final rejection			
102 78 202 39 Independent claims in excess of 3	(37 Č	CFR § 1.129(a))			
104 260 204 130 Multiple dependent claim, if not paid		each additional invention to be nined (37 CFR § 1.129(b))			
109 78 209 39 ** Reissue independent claims over original patent		miled (57 OFR § 1.129(b))			
110 18 210 9 ** Reissue claims in excess of 20	ther fee (specify)				
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SUBTOTAL (2) (\$) 456.00	Reduced by Basic Filing Fee Pa	aid SUBTOTAL (3) (\$)			
SUBMITTED BY Complete (if applicable)					
Name (Pnnt/Type) William H. Dippert	Registration No. (Attorney/Agent) 26,723				

Signature Date October 23, 2001 WARNING:

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William H. Dippert
Name of Person Mailing